## 2017-11-29-03-00181241

FEC FORM

## STATEMENT OF ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

1017 NOV 22 AM 9: 44

FORM 1		RGANIZA	ATION	1011 NOV 22	AU 2.44	
					: Office Use Only	
1. NAME OF COMMITTEE (in	6 6	(Check if name is changed)	Example: If typing, type over the lines.	12FÉ4M5		:
RIAILISILINI	BIAIRIGIAILIN	UNNIGI JAISI	SIDICILIAITILIOIO	<u>J </u>	<u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	111
FIEIDIEIRIAIL	PIOILITI	ICIAILI JAICI	TI1101N1 1401M1	4 IT IT IE IEI I		
ADDRESS (number an	d street) 2141	1141 MIAILINI	151T1 -1#11619	<u> </u>	<u> </u>	
(Check if a is changed)						
		EISINIOI I I I		C <sub>1</sub> A G	7371211-L ZIP CO	DE 🛦
COMMITTEE'S E-MA	IL ADDRESS				26	ž
(Check if a is changed)		[ROPE@R	AIISIINBAIRE	1, A, 1, N, 1, N, G, .	2017 BOV	PUBLIS
	Optiona	I Second E-Mail Add	ress		OV 29	ON DESCRIPTION OF THE PROPERTY
	السلسل		111111	111111	<del></del>	1666
	D. 05 + D.D. 500 #				면 요 5	OSUR!
COMMITTEE'S WEB  (Check if a	ddraec .	,	1.8.4.0.0.1.1			
is changed	) [10] [	A. 12/1/12/1	NIBIAIRIGIAII WII	NICINIS SIDIO	ILATITO	<u> </u>
				111111		111
2. DATE	ر الع الع الع	0 (7				
3. FEC IDENTIFIC	ATION NUMBER		0128686			
4. IS THIS STATEM	IENT [] NEV	/ (N) OR	AMENDED (A	A)	····	
I certify that I have ex	xamined this Statem	ent and to the best	of my knowledge and beli	ef it is true, correct a	nd complete.	
Type or Print Name of	of Treasurer Ku	oldip Chatha				
Signature of Treasure	r ku	lup		Date Date	1 2	017
NOTE: Submission of f			nay subject the person sign ON SHOULD BE REPORT	•	ne penalties of 52 t	J.S.C. §30109.
Office Use Only			For further informati Federal Election Com Toll Free 800-424-953 Local 202-694-1100	mission	FEC FORM (Revised 06/20	_

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE				
(a)		e Committee:  This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	n	This committee is an authorized committee, and is NOT a principal campaign committee. (Com				
	<u>.</u>	information below.)	piete the candidate			
Nam Cand	e of didate					
	didate	Office	State			
Party	y Affiliati	ion Sought: House Senate President	District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:	(D ):			
(d)			(Democratic, Republican, etc.) Party.			
Poli	itical A	Action Committee (PAC):				
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se	gregated fund or party			
		committee. (i.e., nonconnected committee)  In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	draising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Com	nmittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.					
	4.					

FEC Form 1 (Revised (	02/2009)	Page 3
Write or Type Committee Name	•	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
RAIISIIN BARE	GAINNING ASSOCILATION	
FEDERAL POL	INTICAL ACTION COMMITTEE	
Mailing Address	2444 MAIN ST	
	[#\ 6 O	
	CITY STATE	3,72,1] ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in	n possession of committee
Full Name KALI	EM BARSERILAIN	
Mailing Address	2444 MANN ISIT	
	#1.16.0	
	FRESIND CA 191	3,7,2,11-
Title or Position	CITY STATE	ZIP CODE
<u>G50</u>	Telephone number S <sub>1</sub> S <sub>1</sub> 9	-[2 <sub>1</sub> 2 <sub>1</sub> 1]-[1 <sub>1</sub> 9 <sub>121</sub> 5]
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name of Treasurer ばいしい	01.P. C.H. 97.H.A	
Mailing Address	[2,4,4,4, MA,1,N, 19T, 111111111111111111111111111111111	
	[# <sub>1</sub> ,6,0,	
<b>-</b>	CITY STATE	3,7,21]-[ ZIP CODE
Title or Position TREASIVERER	Telephone number 5,59	-[1,2,5]

9.

FEC Form 1 (Revise	Page 4		
Full Name of Designated Agent	EM, BAIRSERNAN,		
Mailing Address	[2,4,4,4, E, MA,1,N, S,T,		
	#1166		
	FRESNO	L CA	[9,3,7,2,1]-[
	CITY	STATE	ZIP CODE
Title or Position	Telep	phone number 5.5	9-12-21-11-119-25
Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in which th intains funds.	e committee deposits fu	ands, holds accounts, rents
Name of Bank, Depository,	etc.		
[BAN	K, OF, AMERICIA,		
Mailing Address	34,1,1, IN SINIAN INVE		
	[F,R,E,S,NO	LL CA	93711-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
<u> </u>			1 1 1 1 1 1 1 1
Mailing Address			
		ليا لي	<u> </u>
	CITY	STATE	ZIP CODE

Э.
矣
á
1
热
7
-
4
1
1
Ť
-
)
6
2 9
_
03
Ž
~
-
n
0
U
Ī
¥
8
Ÿ
÷
2
7
4
5

ı	FEC	Form	15	(Revised	02/2017)	
			_			

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	of	

	_	3 == -
5(g) c	or(h). <b>Joint Fundrais</b> ir	ng Participant:
J(g)C	1	FEC ID number
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	PEC 15 number
<b>6.</b> ,	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
	Mailing Address	
	<b>-</b>	
	Relationship:	CITY ▲ STATE ▲ ZIP CODE ▲
	Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number – optional)
	Full Name	
	Mailing Address	<u> </u>
	TITLE OR POSITION	CITY ▲ STATE ▲ ZIP CODE ▲
		Telephone Number
9.		ories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents
	safety deposit boxes or m	aintains funds.
	Name of Bank, Depository, etc.	
	Mailing Address	
		CITY A STATE A ZID CODE A



2444 MAIN ST. SUITE 160 FRESNO, CA 93721-2730

ADDRESS SERVICE REQUESTED

31-31-8007 of poweric Records Secretary of the senate Mashington, DC 86511 7001 OFFIC P.O.

kd banaaiog teogaisanag

allighted the state of the stat

## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked, Date of Receipt USPS First Class Mail 116 l Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of, Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2015)